

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
- FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

111-8910332

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
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	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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